

PTO/SB/97 (08-03)

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Patricia M. Fedorowycz

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ATTACHED: - PRELIMINARY AMENDMENT (7 pages);
- FEE TRANSMITTAL (PTO/SB/17), in duplicate;
- RCE (PTO/SB/30), in duplicate;
- PET. FOR 2 MONTH EXT. (PTO/SB/22), in duplicate.

CUSTOMER NO.: 24498
Serial No.: 10/505,390
Docket No.: PF020015
Art Unit: 2132
Examiner: Devin E. Almeida

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 14

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1270.00**

Complete if Known

Application Number **10/505,390**Filing Date **August 20, 2004**First Named Inventor **Alain Durand**Examiner Name **Devlin E. Almela**Art Unit **2132**

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Attorney Docket No. **PF020015**METHOD OF PAYMENT (check off that apply) **CUSTOMER NUMBER: 24498**

Check Credit card Money Order None Other (please identify): _____

Deposit Account: Deposit Account Number **07-0832** Deposit Account Name: **THOMSON LICENSING LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$) **50** Fee (\$) **25**

Each independent claim over 3 (including Reissues)

Fee (\$) **200** Fee (\$) **100**

Multiple dependent claims

Fee (\$) **360** Fee (\$) **180**Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

$$- \text{ or HP} = \frac{\text{Fee ($)}}{50} \times \$50 = \$$$

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent ClaimsFee (\$) Fee Paid (\$)Independent ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

$$- \text{ or HP} = \frac{\text{Fee ($)}}{200} \times \$200 = \$0$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	100	/ 50 = (round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Fee for TWO MONTH EXTENSION - \$460.00**RCE FEE **-\$810.00****Fee Paid (\$)****\$1270.00**

SUBMITTED BY

Name (Print/Type)	CATHERINE A. FERGUSON	Registration No. (Attorney/Agent)	40,877	Telephone	(609) 734-6440
Signature	<i>Catherine A. Ferguson</i>				November 1, 2007

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1270.00)

Complete If Known

Application Number	10/505,390
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First Named Inventor	Alain Durand
Examiner Name	Devin E. Almeida
Art Unit	2132

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Attorney Docket No. PF020015

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Plant	200	100	300	150	160	80
Reissue	300	150	600	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total ClaimsExtra Claims

Fee (\$)

Fee Paid (\$)

- or HP = _____ x \$50 = _____

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent ClaimsExtra Claims

Fee (\$)

Fee Paid (\$)

- or HP = _____ x \$200 = _____

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	= _____	= _____

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RCE FEE - \$810.00

Fee Paid (\$)

\$1270.00

SUBMITTED BY

Name (Print/Type)	CATHERINE A. FERGUSON	Registration No. (Attorney/Agent)	40,877	Telephone	(609) 734-6440
Signature	Catherine A. Ferguson				November 1, 2007